19

COST OF IMMUNOSUPPRESSION USING GENERIC PRODUCTS AFTER LIVER TRANSPLANTATION

ST Binoj, S Abubacker, R Menon, B Dinesh, G Unnikrishnan, OV Sudheer, P Dhar, S Sudhindran

Department of Liver Transplantation, Amrita Institute of Medical Sciences, Kochi, Kerala, India

Background: Cost of postliver transplant immunosuppression is a major financial burden to patients in developing countries. In India, generic varieties of various immunosuppressants are often used without any definite evidence to their efficacy.

Aim: To study the dosage, side-effect profile, and the cost of postliver transplant immunosuppression using generic products in Indian population following living donor liver transplantation (LDLT).

Method: From February 2010 to August 2010, an institutional database was formed to retrospectively assess the actual cost of immunosuppression following liver transplants and their efficacy and safety.

Result: Data of 59 patients following LDLT were analyzed. Adequate levels of immunosuppression of 5.23–7.12 ng/mL were obtained by Tacrolimus dosage (Pangraf-Panacea) varying from 0.06 to 0.07 mg/Kg, and mycophenolate (Mycept-Panacea) doses ranging from 500 to 2000 mg with an acute rejection rate of 15% during the first month. The cost of immunosuppression varied from Rs. 28,705 at the first month to Rs. 8820 at the end of the first year, amounting to an average monthly cost of Rs. 17,250. Approximately 23% and 51% of the cost was for Mycophenolate and for Therapeutic Drug Monitoring of Tacrolimus, respectively.

Conclusion: Relatively lower dosage of immunosuppression appeared to be sufficient in this southern Indian population following LDLT. Generic products of Tacrolimus had good clinical efficacy. Although the average monthly cost is much less in developed countries, there is scope to further diminish overheads like decreasing frequency of Tacrolimus drug monitoring or the use of Azathioprine instead of Mycophenolate for better optimization of cost.

20

PREDICTORS FOR NEED FOR LIVER TRANSPLANTS IN ACUTE ZINC PHOSPHIDE POISONING

V Saraf, RK Suhas, U Dattaram, ST Binoj, R Menon, B Dinesh, G Unnikrishnan, OV Sudheer, S Sudhindran, P Dhar, N Subhalal

Amrita Institute of Medical Sciences, Kochi, Kerala, India

Background: Liver transplantation (LT) is the only salvage therapy for individuals unable to recover from acute liver

failure (ALF). In India, an unusual but not an uncommon cause of ALF is the ingestion of rodenticides containing zinc phosphide (Ratol®). Overall survival following Ratol® poisoning is poor without LT.

Aim: The aim of this study was to identify clinical predictors to distinguish patients most likely to require LT following Ratol® ingestion.

Method: Retrospective data analysis of 30 patients admitted between January 2006 and April 2011 following Ratol ingestion was performed. Nine underwent living donor liver transplant (LDLT) and 6 patients died without transplant (Group I). Fifteen patients who had very minimal exposure to the poison recovered without transplant (Group II). The 2 groups were compared with identify prognostic factors that could predict the need for LT.

Result: The average time interval between consumption of the poison and ALF was 6.5 days. The average model for end stage liver disease (MELD) score for Group I was 38 compared with 18 in Group II. The median INR value (8 in Group I vs 3 in Group II) and the median total bilirubin value (13 in Group I vs 5 in Group II) were significantly lower in the group that recovered without transplant. All patients who developed encephalopathy either died or required LT. A MELD score of over 31 on day 6 and the onset of encephalopathy at any time following ingestion were the reliable predictors of the need for LT.

Conclusion: MELD score of 31 on the sixth day or the presence of encephalopathy at any time after ingestion of Ratol® is the strong predictor of mortality without LT.

21

CHALLENGES IN LIVER TRANSPLANTATION FOR ACUTE HEPATIC FAILURE

Manjula, C Vinay, MM Zameer, S Rao, AJ D'Cruz, G Gayathri

Pediatric Solid Organ Transplant Group, Narayana Hrudayalaya, Bangalore, India

Background: Liver transplant is recommended for children with acute hepatic failure (AHF). Although 10–15% transplants are performed for this indication in large centers, only a small proportion of children with AHF actually receive a transplant in our center. There are several challenges outside of the medical issues.

Aim: To profile patients referred to with AHF for transplant and to study their outcomes. Special emphasis is placed on the reasons why the transplants could not be carried out.

Materials and Method: A retrospective, descriptive study of a cohort of patients with AHF referred to our center for transplantation was carried out.

Result: Six children with AHF were accepted for transplantation. Of these, 1 child improved rapidly and did not need transplant. Another child recovered after receiving a left lateral segment graft from his mother within 18 h of